

# Work Order ID 92561

\*92561\*

Page 1.

November-01-12 1:24:11 PM

Item ID: 647.1713 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Spacer  
 Start Date: 11/05/12 Start Qty: 2.00 \*2\* Cust Item ID:  
 Required Date: 11/12/12 Req'd Qty: 2.00 \*2\* Customer:  
 Reference:

Approvals: Process Plan: MLJ Date: 12-11-01 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
647.1700	N/C								
110		0.00							
<b>*110*</b>									
Hardinge	Memo	0.00							
Hardinge CNC Lathe Small	Turn as per dwg								
	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
<b>*120*</b>									
QC	Memo	0.00							
Quality Control									
130	QC8- Inspect parts - second check	0.00							
<b>*130*</b>									
QC	Memo	0.00							
Quality Control									

DAS  
04  
8-83

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Work Order ID 92561

\*92561\*

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Item ID: 647.1713 Accept \*N900040100\* Setup Start \*NS1\*  
Revision ID: Stop \*NS2\*  
Item Name: Spacer  
Start Date: 11/05/12 Start Qty: 2.00 \*2\* Cust Item ID:  
Required Date: 11/12/12 Req'd Qty: 2.00 \*2\* Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
<b>*160*</b>									
Outsource4	Memo	0.00							
Outsource process - Anodize	ISSUE P/O: <u>18504</u> HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 3)								
170	Receive & Inspect for Damage & Mat'l Certs	0.00							
<b>*170*</b>									
Packaging	Memo	0.00							
Packaging									
180	QC5- Inspect part completeness to step on W/O	0.00							
<b>*180*</b>									
QC	Memo	0.00							
Quality Control									

12-11-24

12/18/12 (2)

2

DAS  
05  
9-83 12-12-23

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
<b>Landing Gear</b>			<b>General</b>						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other					
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge						
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

Work Order ID 92561

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Item ID: 647.1713

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Spacer

Start Date: 11/05/12 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 11/12/12 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190		0.00							
*190*						2	0	0	AB
SprayPaint	Memo	0.00							12-12-31
Spray Painting	PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 3)								
	CARDINAL 4860-50 PRIMER BATCH: 123693								
200	QC14- Inspect Spray Paint	0.00							
*200*						Q			DASI 05 13-01-05
QC	Memo	0.00							
Quality Control									
210	Identify as per dwg & Stock Location: 139B	0.00							
*210*									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
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<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
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<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
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		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Work Order ID 92561

\*92561\*

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November-01-12 1:24:11 PM

Item ID: 647.1713 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Spacer  
 Start Date: 11/05/12 Start Qty: 2.00 \*2\* Cust Item ID:  
 Required Date: 11/12/12 Req'd Qty: 2.00 \*2\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
220	QC21- Final Inspection - Work Order Release	0.00							
*220*									
QC	Memo	0.00							
Quality Control									

13/11/10 [Signature]  
 MF  
 13-01-09

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Skid-tube <input type="checkbox"/></td> <td style="width:25%;">Crosstube <input type="checkbox"/></td> <td style="width:25%;">Water Jet <input type="checkbox"/></td> <td style="width:25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>																								
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>																								
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																									
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>																		
Doc/Data <input type="checkbox"/>																											
Equip/Tooling <input type="checkbox"/>																											
Operator <input type="checkbox"/>																											
Material <input type="checkbox"/>																											
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Process <input type="checkbox"/>																											
Supplier <input type="checkbox"/>																											
Training <input type="checkbox"/>																											
Unapproved <input type="checkbox"/>																											
<b>FAULT CATEGORY</b>																											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other																



# Picklist Print

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Page 1

Work Order ID: 92561

Parent Item: 647.1713

Parent Item Name: Spacer

Start Date: 11/05/12

Required Date: 11/12/12

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A 12.10.04 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6R1.250		Purchased	No				f	31.3600		0.0421053			
6061-T6 Round Bar 1.250													

Location	Loc Qty	Loc Code
MAT013	31.36	
113457	2.66	
113550	16.7	
123483	12	

12-11-23

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

APICAL  
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO.

02937

SHEET 1 OF 1

DWG NO. 647.1700

REV: NC

PREPARED BY

J. JACKSON

DATE: 07/14/10

EFFECT ON DWG  
☐ INC. ☒ UNINC.

DWG TITLE: SKID DEFLECTOR ASSY

APPROVED BY:

ENGR

MFG

OR

EFF: CURRENT ORDER

TRANSACTION CODES (TC):  
A-ADD C-CREATE  
R-REVISE D-DELETE

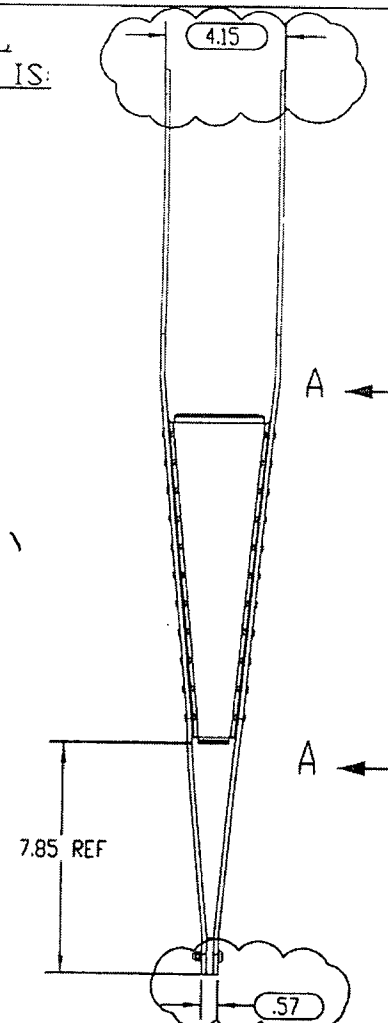
REASON: REVISED F/N 8 AND NOTE 3. ADDED INSPECTION DIMENSIONS TO DRAWING VIEWS.

SHEET 1, ZONE A1 IS:

SHEET 2,  
ZONE A1 IS:

3 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK;  
PRETREAT PRC-DESOTO PR-148 ADHESION PROMOTER, COLOR BLUE;  
PRIME IAW MIL-P-23377J TYPE I CLASS N

SH  
RE  
SUB  
W  
W  
92561 MGS  
12-11-01

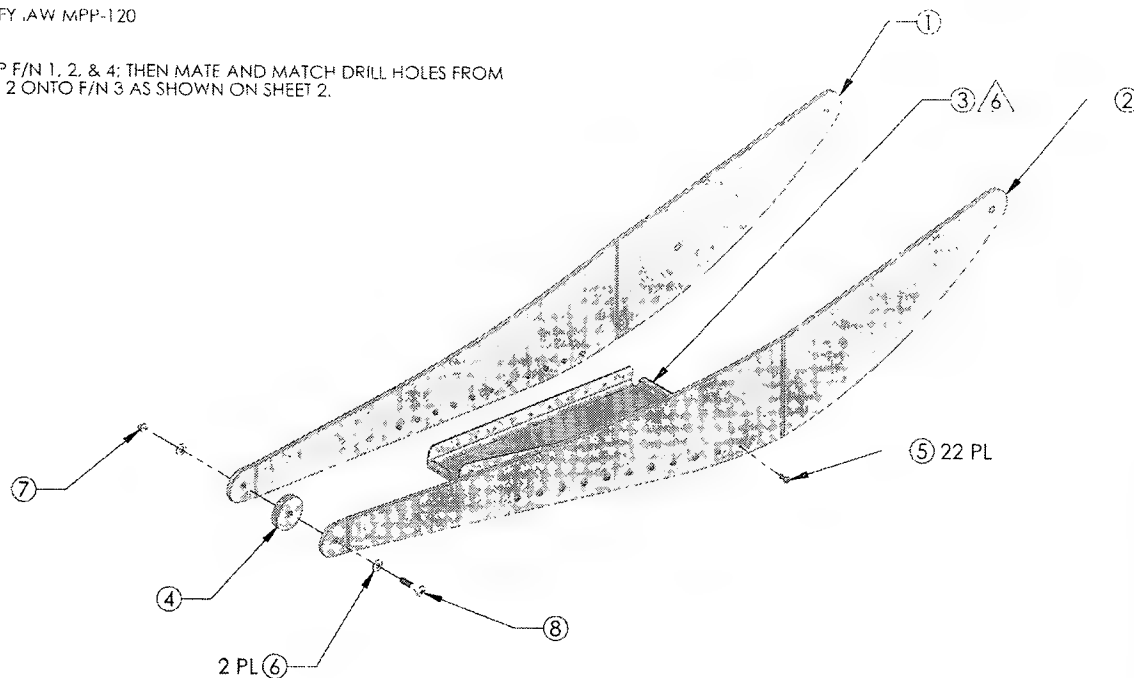


8	R	601.1622	1	SCREW	MS27039-1-14 7
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED:					CHANGE CATEGORY
<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> FMS <input type="checkbox"/> ICA <input checked="" type="checkbox"/> BOM					DER REVIEW REQUIRED
					<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



# NOTES

- 1 MATERIAL: 7075 T6 ALUMINUM PER AMS-QQ-A-250/12
- 2 MATERIAL: 6061-T6 ALUMINUM BAR IAW AMS-QQ-A-250/11
- 3 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2.  
COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER;  
PRIME IAW MIL-P-233/7J TYPE I CLASS N
- 4 DEBURR AND BREAK ALL SHARP EDGES
- 5 IDENTIFY IAW MPP-120
- 6 CLAMP F/N 1, 2, & 4; THEN MATE AND MATCH DRILL HOLES FROM  
F/N 1 & 2 ONTO F/N 3 AS SHOWN ON SHEET 2.



UNINCORPORATED ECN(s)

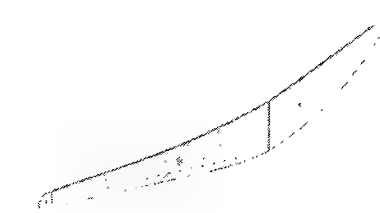
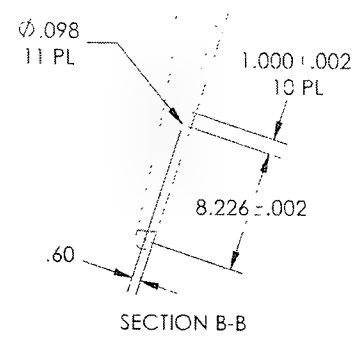
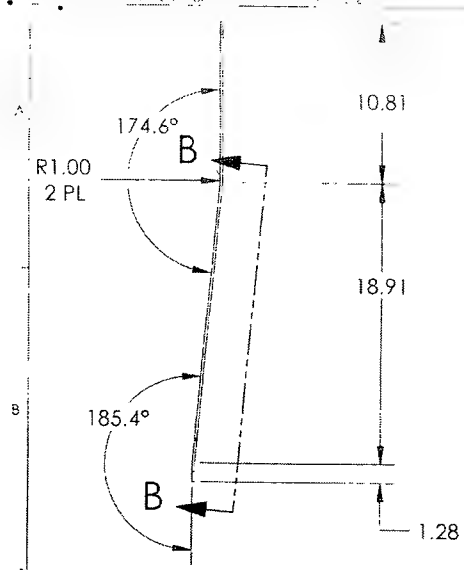
02937

QTY	1	8	601 2637	SCREW	M3X20X.5-11.3
	1	7	601 2943	LOCKNUT	M5X15-11.3
	2	6	60 1607	WASHER	M5X11X.5X.32P
	22	5	60 1915	RIVET	C43213-6-4
	1	4	647 1713	SPACER	
	1	3	647 1712	GUSSET	
	1	2	647 1711	PLATE	
	1		647 1710	PLATE	
			647 1701	SKID DEFLECTOR ASSY	
	1701	FIND #	PART #	DESCRIPTION	MAT'L SPEC.
NEXT ASSY (S)		PARTS LIST			
647 1300		APICAL INDUSTRIES			
		2608 TEMPLE HEIGHTS DR.			
		OCEANSIDE, CA 92056-3512 (760) 724-5300			
		SKID DEFLECTOR ASSY			
		PAGES: OTHER VIEWS SHOWN AS REQUIRED			
		3 PLACES DETAIL: 1:1			
		3 PLACES DETAIL: 1:1			
		ALL DIMS IN INCHES			
		SCALE: NONE			
		SHEET 1 OF 5			

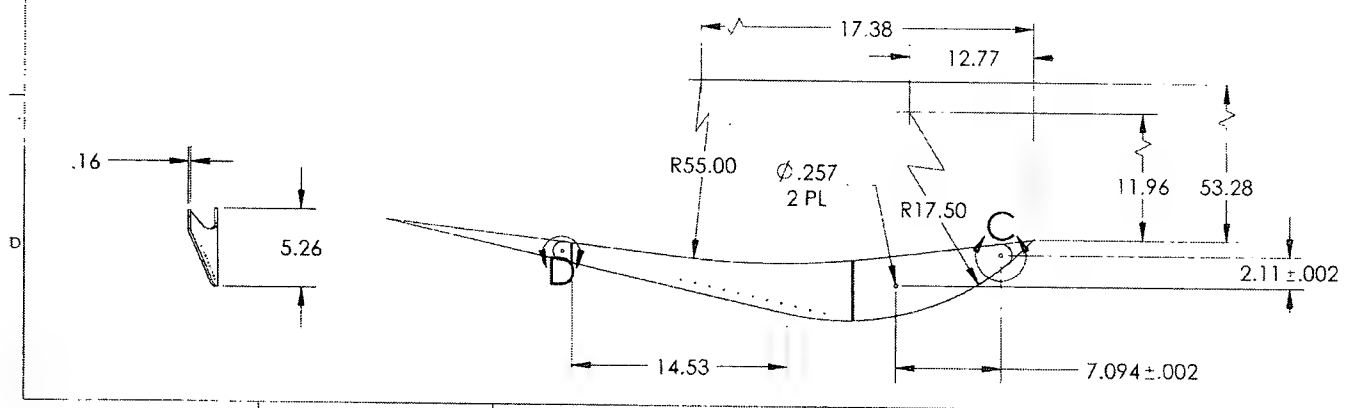
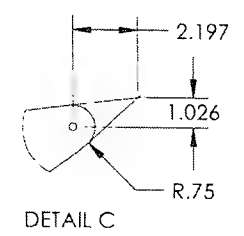
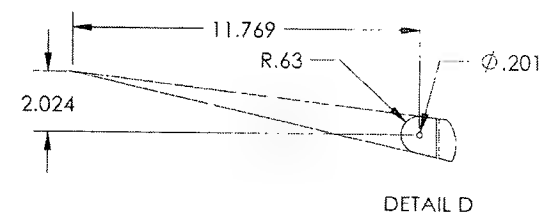
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1. COUNTRY DATE 2. COMPANY 3. OFFICE 4. PROJECT 5. DRAWING NO. 6. SCALE 7. SHEET NO. OF TOTAL SHEETS 8. PROJECT NAME 9. PROJECT LOCATION 10. PROJECT DESCRIPTION 11. PROJECT STATUS 12. PROJECT CONTACT 13. PROJECT PHONE 14. PROJECT FAX 15. PROJECT EMAIL 16. PROJECT WEBSITE 17. PROJECT ADDRESS 18. PROJECT CITY 19. PROJECT STATE 20. PROJECT ZIP 21. PROJECT COUNTRY 22. PROJECT REGION 23. PROJECT DISTRICT 24. PROJECT TOWN 25. PROJECT VILLAGE 26. PROJECT ROAD 27. PROJECT STREET 28. PROJECT ALLEY 29. PROJECT DRIVE 30. PROJECT AVENUE 31. PROJECT BOULEVARD 32. PROJECT PARKWAY 33. PROJECT BLVD 34. PROJECT HWY 35. PROJECT Fwy 36. PROJECT Expressway 37. PROJECT Interchange 38. PROJECT Overpass 39. PROJECT Underpass 40. PROJECT Tunnel 41. PROJECT Bridge 42. PROJECT Viaduct 43. PROJECT Causeway 44. PROJECT Embankment 45. PROJECT Cut 46. PROJECT Fill 47. PROJECT Retention Wall 48. PROJECT Slope 49. PROJECT Erosion Control 50. PROJECT Storm Drain 51. PROJECT Sewer 52. PROJECT Water Main 53. PROJECT Gas Main 54. PROJECT Electric Main 55. PROJECT Telecommunications Main 56. PROJECT Fire Main 57. PROJECT Irrigation Main 58. PROJECT Drainage Main 59. PROJECT Sanitary Main 60. PROJECT Storm Sewer 61. PROJECT Sanitary Sewer 62. PROJECT Storm Water 63. PROJECT Sanitary Water 64. PROJECT Storm Water Treatment 65. PROJECT Sanitary Water Treatment 66. PROJECT Storm Water Storage 67. PROJECT Sanitary Water Storage 68. PROJECT Storm Water Distribution 69. PROJECT Sanitary Water Distribution 70. PROJECT Storm Water Collection 71. PROJECT Sanitary Water Collection 72. PROJECT Storm Water Conveyance 73. PROJECT Sanitary Water Conveyance 74. PROJECT Storm Water Disposal 75. PROJECT Sanitary Water Disposal 76. PROJECT Storm Water Reuse 77. PROJECT Sanitary Water Reuse 78. PROJECT Storm Water Recycling 79. PROJECT Sanitary Water Recycling 80. PROJECT Storm Water Treatment Plant 81. PROJECT Sanitary Water Treatment Plant 82. PROJECT Storm Water Storage Tank 83. PROJECT Sanitary Water Storage Tank 84. PROJECT Storm Water Distribution Network 85. PROJECT Sanitary Water Distribution Network 86. PROJECT Storm Water Collection System 87. PROJECT Sanitary Water Collection System 88. PROJECT Storm Water Conveyance System 89. PROJECT Sanitary Water Conveyance System 90. PROJECT Storm Water Disposal System 91. PROJECT Sanitary Water Disposal System 92. PROJECT Storm Water Reuse System 93. PROJECT Sanitary Water Reuse System 94. PROJECT Storm Water Recycling System 95. PROJECT Sanitary Water Recycling System 96. PROJECT Storm Water Treatment Plant 97. PROJECT Sanitary Water Treatment Plant 98. PROJECT Storm Water Storage Tank 99. PROJECT Sanitary Water Storage Tank 100. PROJECT Storm Water Distribution Network 	<h1>APICAL INDUSTRIES</h1> <p>2408 TEMPLE HEIGHTS DR. OCEANSIDE, CA, 92056-5512 (760) 724-5300</p> <h2>SKID DEFLECTOR ASSY</h2> <p>UNITED STATES OF AMERICA STATE OF CALIFORNIA COUNTY OF SAN DIEGO CITY OF OCEANSIDE PROJECT NO. 647.1700 SCALE NONE SHEET 2 OF 5</p>
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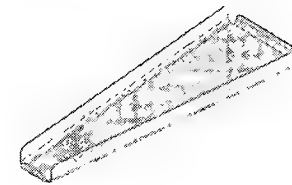
92561



647.1711 SHOWN  
647.1710 OPPOSITE



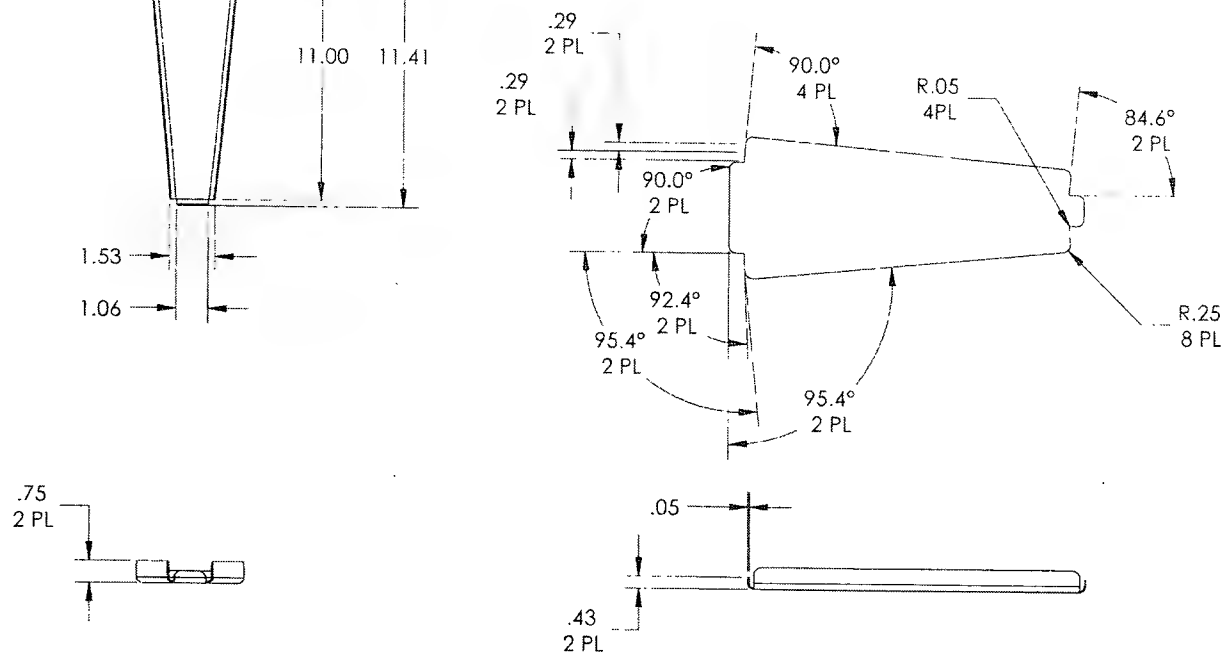
APICAL INDUSTRIES	
2608 TEMPLE HEIGHTS DR.	
OCEANSIDE, CA. 92056-3512 (760) 724-5300	
SKID DEFLECTOR ASSY	
DATE	REV
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07/26	100



92561

647.1712

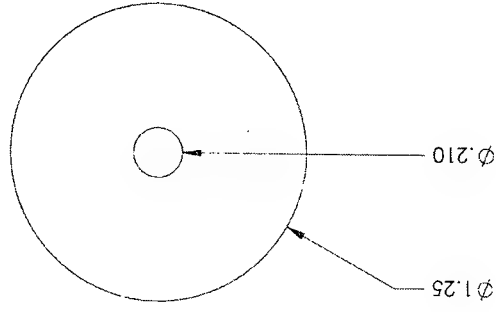
FLAT PATTERN

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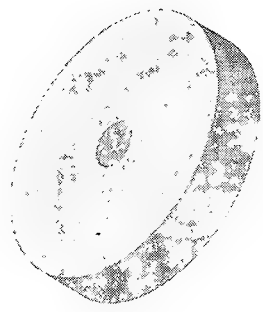




APICAL INDUSTRIES		2608 TEMPLE HEIGHTS DR.		OCEANSIDE, CA 92056-3912 (760) 724-5300	
SKID DEFLECTOR ASSY		DATE: 02/01/97		DRAWN: J. B. BROWN	
SCALE: NONE		SHEET: 3 OF 3		N/C	



.25



647.1713

92561



## FIRST ARTICLE INSPECTION CHECKLIST

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15

# ATG

## INDUSTRIES INC.

A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62107

Date: 12-Dec-12

To

DART AEROSPACE LTD.  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST	Rev:	
	8 PCS 647.1610		
	5 PCS 647.1612		
	2 PCS 647.1713		
	6 PCS 647.1811		
	1 PC 647.1816		
	1 PC 647.1817		
	8 PCS 647.1818		
	11 PCS 646.3210		
	20 PCS 646.3313		
	10 PCS 646.3717		
	20 PCS 646.3717		
	16 PCS 647.4610		
	10 PCS 649.4811		
	10 PCS 649.4812		
	24 PCS 649.4814		
	30 PCS 649.4815		
	6 PCS 647.7913		
	3 PCS 647.7919		
	10 PCS 647.9010		
	10 PCS 647.9011		
	15 PCS 647.9012		
	40 PCS 647.9013		
	60 PCS 646.9710		
HARD ANODIZE BLACK			
MIL-A-8625 TYPE III CLASS 2			
Job: 20120768		PO: PO18506	Line:
Certificate of Conformance			
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.			
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY			
DATE: 12/12/12			



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
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Fax: (613) 446-4556

### Pack List

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Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	CERTIFIED SIGNATURE : 
	RECEIVER SIGNATURE : 